

FILED FEB 8 1944

Registration District No. **173**

Primary Registration District No. **3014**

Registrar's No. **13**

1. PLACE OF DEATH:
(a) County **CLAY**
(b) City or town **LIBERTY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **about 60 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Clay** **24**
(c) City or town **Liberty** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LIZZIE DONLEY**
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **M** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Single**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Dec 25 1873**
(Month) (Day) (Year)

8. AGE:
Years **69** Months **1** Days **5** If less than one day
hr. _____ min. _____

9. Birthplace **Lathrop Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Jack Shields**

13. Birthplace **Liberty Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Anderson**

15. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rally Allen**
(b) Address **Liberty, Mo.**

17. (a) Burial (b) Date thereof **2/1/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shirview, Liberty**

18. (a) Signature of funeral director **Church-Cresler Co.**

(b) Address **Liberty, Mo.**

19. (a) 2-2-44 (b) **Helen Early**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30**
year **1944** hour **4** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 1**
_____ 19**44** to **Jan 30** 19**44**
that I last saw her alive on **Jan 29** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Leasomy Arteriosclerotic**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **94A**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Glenn W. Hindman** (M. D. or other)

Address **Liberty, Mo.** Date signed **2/2/44**

Physician

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A LEGIBLE RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul D. Church

Licensed Embalmer No. 3286

P. O. Address. Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above, constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.